

PROCESS RECEIPT AND RETURN

See ["Instructions for Service of Process by U.S. Marshal"](#)

| | |
|---------------------------------------|---|
| PLAINTIFF JESUS RANGEL | COURT CASE NUMBER 19-C-451 |
| DEFENDANT JESSICA S. LORUM, et al. | TYPE OF PROCESS NOTICE, WAIVER, ORDER, COMPLAINT, CONSENT |

**SERVE
AT**

| | |
|---|--|
| { | NAME OF INDIVIDUAL COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Jessica S. Lorum |
| | ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 5467 S 113th St. Hales Corners, WI 53130 |

| | |
|---|---|
| SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Jesus Rangel New Lisbon CI 2000 Progress Road PO Box 4000 New Lisbon, WI 53950-2000 | Number of process to be served with this Form 285 Number of parties to be served in this case Check for service on U.S.A. |
|---|---|

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

| | | | |
|--|---|------------------|----------------------|
| Signature of Attorney or other Originator requesting service on behalf of: Jesus Rangel | <input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT | TELEPHONE NUMBER | DATE May 22, 2019 |
|--|---|------------------|----------------------|

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY – DO NOT WRITE BELOW THIS LINE

| | | | | | |
|---|------------------------|---------------------------------|--------------------------------|--|------|
| I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted) | Total Process _____ | District of Origin No. _____ | District to Serve No. _____ | Signature of Authorized USMS Deputy or Clerk | Date |
|---|------------------------|---------------------------------|--------------------------------|--|------|

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

| | | |
|--|-------------------------------------|--|
| Name and title of individual served (if not shown above) | Date | Time <input type="checkbox"/> am <input type="checkbox"/> pm |
| Address (complete only different than shown above) | Signature of U.S. Marshal or Deputy | |

| | | | | | |
|-------------|--|----------------|---------------|------------------|--|
| Service Fee | Total Mileage Charges (including endeavors) | Forwarding Fee | Total Charges | Advance Deposits | Amount owed to U.S. Marshal* or (Amount of Refund*) |
| _____ | _____ | _____ | _____ | _____ | _____ |

REMARKS